BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747

PLEASE NOTE: YOU MUST COMPLETE THE **FOLLOWING**

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

DEVICE FOR ELECTRICALLY STIMULATING STOMACH

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	DE	VICE FOR EI	LECTRICALLY STIMUL	ATING STOMA	CH	·		
Fill in Appropriate	the specification of whice forth above and/or the		ereto. If not attached he	reto, the applica	ation is identified by the	attorney docket	number as set	
Information -	The specification w	as filed on					as	
For Use Without	United States Appl	ication Numbe	r				نــــــن	
Specification	and amended on _	- Cl- d	December 1	6 2003		(if applicable	e) and/or	
Attached:	the specification was filed on December 16, 2003 International Application Number PCT/JP2003/016065							
·	international Application Number; and was amended on (if applicable)							
	· · · · · · · · · · · · · · · · · · ·							
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.							
	I do not know and thereof, or patented or cyear prior to this application, date of this application representative or assign patent or inventor's cert application by me or my I hereby claim fore or inventor's certificate li a filing date before that of	lescribed in an attact, that the invention any count is more than two ificate on this in legal representations.	same was not in publication has not been pater try foreign to the Univelve months (six month invention has been filed tatives or assigns, except	n any country be use or on sale ted or made the ted States of A hs for designs) I in any country the sollows	pefore my or our invent • in the United States • e subject of an inventor America on an applica prior to this application • foreign to the United	tion thereof or me f America more 's certificate issu- tion filed by me n, and that no a States of Americ	nore than one than one year ned before the cr my legal pplication for a prior to this	
	a filing date before that o	f the application	on on which priority is o	laimed:	ruppication for patent			
Insert Priority	Prior Foreign Applica	` '				Priority (Claimed	
Information:	2002-373975	JAI	PAN	12/2	25/2002	abla		
(if appropriate)	(Number)	(Country)		(Month/Da	ay/Year Filed)	Yes	No	
	(Number)	(Country)		(Month/Da	ay/Year Filed)	□ Yes	□ No	
	(Number)	(Country)		(Month/Da	ay/Year Filed)	☐ Yes	□ No	
	(Number)	(Country)	·· ·	(Month/Da	ay/Year Filed)	☐ Yes	□ No	
	I hereby claim the benefit	under Title 35	, United States Code, §1	19(e) of any Un	aited States provisional	applications(s) li	sted below.	
Insert Provisional Application(s):	(Application Number)			(Filing I	Date)			
(if any)								
	(Application Number) (Filing Date)							
	All Foreign Applications, the Filing Date of This Ap	, if any, for any oplication:	Patent or Inventor's C	ertificate Filed N	More than 12 Months (6	Months for Des	igns) Prior to	
	Country		Application Number		Date of Filing (Month	n/Dav/Year)		
Insert Requested Information: (if appropriate)								
	I hereby claim the benefit continuation-in-part appl disclosed in the prior Uni Code, §112, I acknowled Federal Regulations, §1.5 international filing date o	ted States and ge the duty to which becar	d below and, insofar as for PCT application in to disclose information we me available between	s the subject ma he manner prov which is materia	atter of each of the clai vided by the first parag Il to the patentability as	ms of this appli raph of Title 35, s defined in Title	ication is not United States 37. Code of	
Insert Prior U.S. Application(s): (if any)	(Application Number)		(Filing Date)		(Status - patented, pe	nding, abandon	ed)	
Page 1 of 2 (Rev. 07/2003)	(Application Number)		(Filing Date)		(Status - patented, pe	nding, abandone	ed)	

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written hotice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*						
Full Name of First or Sole Inventor: Insert Name of Inventor Inventor Tiser Date This Document is Signed	Yoshimochi KUROKAWA	里山良兴	June 1, '05						
Insert Residence	Residence (City, State & Country)	·	CITIZENSHIP						
Insert Citizenship →	Sendai-shi, Miyagi, Japan		Japanese						
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o Graduate School of Medicine, Tohoku University,								
	1-1, Seiryo-machi, Aoba-ku, Sendai-shi, Miyagi 980-8574 Japan								
Full Name of Second	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*						
Inventor, if any: see above	Makoto ANSAI	文稿 宝	June 7, 05						
	Residence (City, State & Country)	7 4 7	CITIZENSHIP						
	Sendai-shi, Miyagi, Japan		Japanese						
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o Graduate School of Medicine, Tohoku University,								
	1-1, Seiryo-machi, Aoba-ku, Senda:		n						
Full Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*						
Inventor, if any: see above	,		5.112						
	Residence (City, State & Country)		CITIZENSHIP						
	residence (City, Butte & Country)		GIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Full Name of Fourth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*						
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*						
Inventor, if any:		INVENTOR'S SIGNATURE							
Inventor, if any:	GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE	DATE*						
Inventor, if any:	Residence (City, State & Country)								
Inventor, if any:									
Inventor, if any:	Residence (City, State & Country)								
Inventor, if any: see above Full Name of Fifth	Residence (City, State & Country)								
Inventor, if any: see above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address	including City, State & Country)	CITIZENSHIP						
Inventor, if any: see above Full Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME	including City, State & Country)	CITIZENSHIP DATE*						
Inventor, if any: see above Full Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address	including City, State & Country)	CITIZENSHIP						
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